



Receipt-
Docket No.: CISCO-2039

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Devanagondi, et al.
SERIAL NO.: 09/758,540
FILING DATE: 1/10/01
TITLE: METHOD AND APPARATUS FOR UNIFIED EXCEPTION
HANDLING WITH DISTRIBUTED EXCEPTION
IDENTIFICATION
EXAMINER: [not yet assigned]
ART UNIT: 2661

CERTIFICATE OF MAILING

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REQUEST TO CORRECT FILING RECEIPT

It is respectfully submitted that the Filing Receipt for the above-identified patent application has an error.

The title is incorrect; the correct title is "Method and apparatus for unified exception handling with **distributed** exception identification" and not "Method and apparatus for unified exception handling with ditributed exception identification" as indicated on the Filing Receipt. Please amend the Filing Receipt and other appropriate records to reflect the correct title for the referenced patent application as "Method and

apparatus for unified exception handling with **distributed** exception identification". A copy of the filing receipt is enclosed showing the referenced change.

In the event any additional fee is required for filing the above-noted document, including any fees required under 37 CFR 1.136 for any necessary Extension of Time to make the filing of the attached document timely, the Commissioner is hereby authorized to charge the fee to our Deposit Account No. 50-1698. A duplicate copy of this page is enclosed.

Respectfully submitted,
THELEN REID & PRIEST LLP

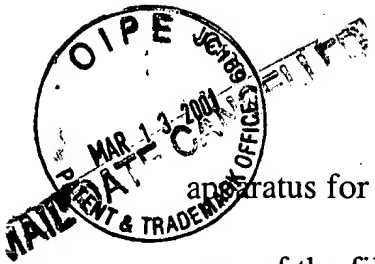


David B. Ritchie
Reg. No. 31,562

Dated: March 6, 2001

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/758,540	01/10/2001	2661	0.00	CISCO-2039	4	37	12

David B. Ritchie
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CONFIRMATION NO. 9394
FILING RECEIPT



Date Mailed: 02/21/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Harish Devanagondi, Residence Not Provided;
Rajesh Patil, Residence Not Provided;
Sanjeev Mahalawat, Residence Not Provided;
James Sun, Residence Not Provided;

CPI ☒
Excel ☐

Continuing Data as Claimed by Applicant

Foreign Applications

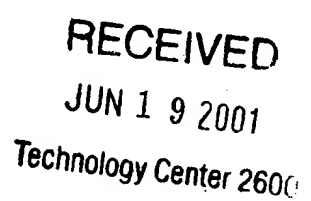
If Required, Foreign Filing License Granted 02/21/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

Reviewed By: DS Date: 3/6/01
No Action Required:
Action Required: X

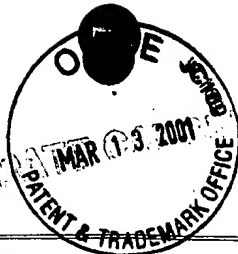


Title

Method and apparatus for unified exception handling with distributed exception identification

Preliminary Class

370



Data entry by : NGUYEN, TRAC

Team : OIPE

Date: 02/21/2001



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Title 37, Code of Federal Regulations, 5.11 & 5.15

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- The docket number allows a maximum of 25 characters.
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Bib Data Sheet

CONFIRMATION NO. 9394

SERIAL NUMBER 09/758,540	FILING DATE 01/10/2001 RULE	CLASS	GROUP ART UNIT 2663	ATTORNEY DOCKET NO. CISCO-2039
APPLICANTS Harish R. Devanagondi, Saratoga, CA; Rajesh Patil, Santa Clara, CA; Sanjeev Mahalawat, Cupertino, CA; Jianyong Sun, Fremont, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/21/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 37
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 12		
ADDRESS David B. Ritchie P.O. Box 640640 San Jose , CA 95164-0640				
TITLE Method and apparatus for unified exception handling with distributed exception identification				
FILING FEE RECEIVED 1866	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	